

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | |
|---|--|--|--|-----------|-----------|----------------|--|-------------|--|
| <p>The C/OH Instruction Guide explains how to complete this form.</p> | | <p>1 Filer ID (Ethics Commission Filers)</p> | <p>2 Total pages filed: 12</p> | | | | | | |
| <p>3 CANDIDATE / OFFICEHOLDER NAME</p> | <p>MS / MRS / MR FIRST MI MRS EMILY S <small>NICKNAME LAST SUFFIX</small> MEISNER</p> | | <p>OFFICE USE ONLY</p> <p>Date Received</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;"> <p>RECEIVED</p> <p>APR 26 2019</p> <p>City Manager's / City Secretary's Office</p> </div> <p>Date Hand-delivered or Date Postmarked</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 50%;">Receipt #</td> <td style="border: 1px solid black; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: 1px solid black;">Date Imaged</td> </tr> </table> | Receipt # | Amount \$ | Date Processed | | Date Imaged | |
| Receipt # | Amount \$ | | | | | | | | |
| Date Processed | | | | | | | | | |
| Date Imaged | | | | | | | | | |
| <p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p> | <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5017 TEASLEY LN. Denton Tx 76210 STE. 145 PMB 25</p> | | | | | | | | |
| <p>5 CANDIDATE / OFFICEHOLDER PHONE</p> | <p>AREA CODE PHONE NUMBER EXTENSION (940) 222-3956</p> | | | | | | | | |
| <p>6 CAMPAIGN TREASURER NAME</p> | <p>MS / MRS / MR FIRST MI RHONDA <small>NICKNAME LAST SUFFIX</small> LOVE</p> | | | | | | | | |
| <p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p> | <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1921 HOLLYHILL LN. Denton Tx 76205</p> | | | | | | | | |
| <p>8 CAMPAIGN TREASURER PHONE</p> | <p>AREA CODE PHONE NUMBER EXTENSION (940) 382-1840</p> | | | | | | | | |
| <p>9 REPORT TYPE</p> | <p> <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p> | | | | | | | | |
| <p>10 PERIOD COVERED</p> | <p> Month Day Year Month Day Year 3 / 26 / 2019 THROUGH 4 / 24 / 2019 </p> | | | | | | | | |
| <p>11 ELECTION</p> | <p> ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 4 / 2019 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </p> | | | | | | | | |
| <p>12 OFFICE</p> | <p>OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)</p> <p>Denton City Council DISTRICT 4</p> | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME EMILY MEISNER 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

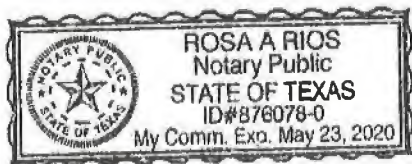
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

| | |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | |
| <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

☐ Additional Pages

| | | |
|-------------------------|---|--------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>Ø</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>1,900.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>Ø</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>822.12</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>3,362.19</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>500.00</u> |

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Emily Meisner
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Emily Meisner, this the 21st day of April, 20 19, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Rosa A. Rios

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | | |
|--|---|---|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,400.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 500.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 822.12 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

EMILY MEISNER

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/
2019

5 Full name of contributor

☐ out-of-state PAC (ID#:

MONICA MOEN

6 Contributor address;

City; State; Zip Code

303 MIMOSA DR. Denton Tx 76201

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/30/
2019

Full name of contributor

☐ out-of-state PAC (ID#:

PAT CHEEK

Contributor address;

City; State; Zip Code

1220 TYLANE DR. Denton Tx 76201

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Emily Meisner

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/2019

5 Full name of contributor

Heather KAY

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City; State; Zip Code

3925 Roxbury St, Denton TX 76210

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/2019

Full name of contributor

STEVEN WOLVERTON

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1313 Palo Verde Dr. Denton TX 76210

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Emily Meisner

3 Filer ID (Ethics Commission Filers)

4 Date

4/5/2019

5 Full name of contributor

☐ out-of-state PAC (ID#:

Sally Haynes

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

3121 Kimberlee Ln Highland Village TX 75077

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/06/2019

Full name of contributor

☐ out-of-state PAC (ID#:

Ann Sullivan

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2225 Pembroke Pl Denton TX 76205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/07/2019

Full name of contributor

☐ out-of-state PAC (ID#:

Flori Batt

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

3824 Miramar Dr. Denton TX 76210

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/2019

Full name of contributor

☐ out-of-state PAC (ID#:

Charles Gomez

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1040 Charleston Ln. Savannah TX 76271

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Emily MEISNER

3 Filer ID (Ethics Commission Filers)

4 Date

04/09/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ed Soph

6 Contributor address;

City; State; Zip Code

1620 Victoria Dr Denton TX 76209

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/11/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CASSANDRA BERRY

Contributor address;

City; State; Zip Code

3805 INWOOD DENTON TX 76208

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/14/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

STEVE DURAN

Contributor address;

City; State; Zip Code

3413 NOTTINGHAM DR DENTON TX 76209

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

WILSON YAGGER

Contributor address;

City; State; Zip Code

1817 GREEN AERIE LN CORINTH, TX 76210

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Emily MEISNER

3 Filer ID (Ethics Commission Filers)

4 Date

4/14/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

ROSEMARY RODRIGUEZ

6 Contributor address;

City; State; Zip Code

1200 HOPE ST. DENTON, TX 76205

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SANDRA SWAN

Contributor address;

City; State; Zip Code

1413 CAMBRIDGE LN DENTON, TX 76209

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

Emily Meisner

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

04/20/19

6 Full name of contributor ☐ out-of-state PAC (ID#:

ERIC MEISNER

8 Amount of Contribution \$

\$500

9 In-kind contribution description

Videos

7 Contributor address; City; State; Zip Code

1700 Colorado St Denton TX 76210

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Emily Meisner</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/1/2019</i> | 5 Payee name <i>FACE BOOK</i> | |
| 6 Amount (\$) <i>\$14.00</i> | 7 Payee address; City; State; Zip Code <i>1601 Willow Rd. Menlo Park CA 94025</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | | | |
|---------------------------------------|---|---|--|
| Date <i>4/2/2019</i> | Payee name <i>RAISE THE MONEY</i> | | |
| Amount (\$) <i>\$217.07</i> | Payee address; City; State; Zip Code <i>P.O. box 26466 Little Rock, AR 72221</i> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>FEES</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | | | |
|---------------------------------------|--|---|--|
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|---|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME <i>Emily Maresner</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>4/08/2019</i> | | 5 Payee name <i>HANNA BACHERI</i> | | | |
| 6 Amount (\$) <i>\$300.00</i> | | 7 Payee address; City; State; Zip Code <i>103 East Oak St Apt 5 Denton TX 76201</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i> | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date <i>4/19/2019</i> | | Payee name <i>E CANVASSER</i> | | | |
| Amount (\$) <i>\$149.00</i> | | Payee address; City; State; Zip Code <i>GA S. RININ BUS PARK KINSALE RD. COOK REPUBLIC OF IRELAND</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>Other</i> <i>CANVASSING SERVICE</i> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date <i>04/19/2019</i> | | Payee name <i>E CANVASSER</i> | | | |
| Amount (\$) <i>\$1.34</i> | | Payee address; City; State; Zip Code <i>GA S. RININ BUS PARK KINSALE RD. COOK REPUBLIC OF IRELAND</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>FEES</i> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>EMILY MEISNER</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/23/2019</i> | 5 Payee name <i>QWIK PACK & SHIP</i> | |
| 6 Amount (\$) <i>\$36.25</i> | 7 Payee address; City; State; Zip Code <i>5017 TEASLEY LN STE 145 DENTON TX 76210</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING (STAMPS)</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | <div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div> | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | <div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div> | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | <div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div> | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED